M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

P9563

CERTIFICATE OF DEATH

Reg. Dist. No. 29-X

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS Tilghman (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sewell D. (Middle) Bafford (Last)

4. DATE OF DEATH (Month) Sept. (Day) 29 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE, MARRIED, XXXXXXXXXXXXXX~~ (Specify)

8. DATE OF BIRTH Oct. 5, 1869

9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister

10b. KIND OF BUSINESS OR INDUSTRY Pilgrim Holiness Church

11. BIRTHPLACE (State or foreign country) Calvert Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Elizabeth Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Maud Sheckels, 29 Cedar Dr Marley Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	3 years
	(c)	

332X
83b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 29, 1950 and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Spurgeon Reeser MD (Degree or title) ADDRESS Tilghman DATE SIGNED Sept 29 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 1

NAME OF CEMETERY OR CREMATORY Pilgrim Holiness Church

LOCATION (City, town, or county) (State) Tilghman

DATE REC'D BY LOCAL REG. Sept 30 50

REGISTRAR'S SIGNATURE G. Jackson J.R.

24. FUNERAL DIRECTOR J. Luke Moore Tilghman Md. ADDRESS

V0894

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OCT 4 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09564

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: McDaniel
MARYLAND
LENGTH OF STAY (In this place): 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Roland (Middle) (Last) Bailey

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1950

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 16 1902

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Packing House

11. BIRTHPLACE (State or foreign country): Bozman, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Asbury Henery

14. MOTHER'S MAIDEN NAME: Mary L. Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-07-6742

17. INFORMANT AND ADDRESS: Mary L. Bailey, St. Michaels,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Acute Coronary Thrombosis — Interval between onset and death:

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertensive Cardio-Vascular Disease

(c): — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: No

(CITY OR TOWN): None (COUNTY): None (STATE): Non

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ////////////

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? No injury

22. I hereby certify that I attended the deceased from 9.14.50, 19....., to 9.14.50, 19....., that I last saw the deceased alive on 9.14.50, 19....., and that death occurred at 12 a m., from the causes and on the date stated above.

SIGNATURE: Philip D. Lewis (Degree or title): M.D. ADDRESS: St. Michaels, Md DATE SIGNED: 9.15.50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Sept 18, 1950

NAME OF CEMETERY OR CREMATORY: Colored Cemetery

LOCATION (City, town, or county) (State): Bozman, Maryland

DATE REC'D BY LOCAL REG.: Sept. 16/50

REGISTRAR'S SIGNATURE: Mrs. Robt. R. Seek

26. FUNERAL DIRECTOR: Newnam & Harrison

ADDRESS: St. Michaels, Md.

602 X1

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SEP 19 1950
BUREAU V. S

9/3

09565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (In this place) 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Neavitt; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret		Balazs	Sept	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Sept 10, 1902	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		New York	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr Brambley	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	f	Mrs Ralph A. Balazs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5 **Immediate cause** (a) Shock — (delayed) — Interval between onset and death: 14 hrs

122b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intestinal obstruction

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9 4 50 9 11 50	mechanical obstruction adhesive + extensive	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		memorial Hospital Easton	Talbot	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9 4, 1950 to 9 12, 1950, that I last saw the deceased alive on 9/12, 1950, and that death occurred at 11 50 A.m., from the causes and on the date stated above.

SIGNATURE W. H. Palmer (Degree or title) M.D. ADDRESS Easton Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/15/50	Delhi N.Y.	Delhi	N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/13/50	M.H. Nevius	John D. Williamson	

VS. A15

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OCT 4 1950
BUREAU V. S

8/24

09566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 22 dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) P (Last) Breeding.
4. DATE OF DEATH (Month) Sept. (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH June 26, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Frank Breeding
14. MOTHER'S MAIDEN NAME Janet Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Theophilus C Breeding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
332X	Immediate cause	(a) Cerebral Thrombosis	31 days
83b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 15, 1950, to Sept 16, 1950, that I last saw the deceased alive on Sept. 16, 1950, and that death occurred at 5:15 A.m., from the causes and on the date stated above.

SIGNATURE M. V. Palmer (Degree or title) M. D. ADDRESS Easton, Md DATE SIGNED 9/21/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF 9-19-50
NAME OF CEMETERY OR CREMATORY Stevensville
LOCATION (City, town, or county) (State) Stevensville Md.

DATE REC'D BY LOCAL REG. 9/17/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Edgar L Lane ADDRESS Church Hill Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 21 1950
BUREAU OF

09567

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dones St Esp.	STREET ADDRESS (If rural, give location) 1826 Rutland Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Virginia (Last) Brook			4. DATE OF DEATH (Month) Sept (Day) 24 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 22-1874	9. AGE last birthday 76 yrs.	If under 1 year Months 2 Days 2 / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Balto. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Clinton Cooper Norris		14. MOTHER'S MAIDEN NAME Virginia Frederick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Octavius L. Brook			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	4 weeks
331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Right Hemiplegia	4 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3, 1950, to 9-24, 1950, that I last saw the deceased alive on 9-24, 1950, and that death occurred at 1:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. F. Bull	M.D.	Easton Md	9-25-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Sept 27-50	NAME OF CEMETERY OR CREMATORY London Park	LOCATION (City, town, or county) Balto (State) Md.
DATE REC'D BY LOCAL REG. 9/25/50	REGISTRAR'S SIGNATURE N. H. Nevins	24. FUNERAL DIRECTOR John D. Williams	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1950 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 14 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston
STREET ADDRESS (If rural, give location) Rt. #1

3. NAME OF DECEASED (Type or Print) (First) Baby Girl (Middle) Carter (Last)

4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 9-13-50

9. AGE last birthday ____ yrs. If under 1 year Months ____ Days ____ If under 24 hrs. Hours 14 Min. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Easton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Hall James Carter.

14. MOTHER'S MAIDEN NAME Gloria Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Gloria Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intra Cranial Hemorrhage. — Interval Between Onset and Death: 14 hrs

760.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

160a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13-50, 19..., to 9-14-, 1950, that I last saw the deceased alive on 9-13, 1950, and that death occurred at 10 4 PM m., from the causes and on the date stated above.

SIGNATURE W. F. Burell (Degree or title) Med ADDRESS Easton Md DATE SIGNED 9-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE THEREOF 9-14-50 NAME OF CEMETERY OR CREMATORY Memorial Hosp. LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 9/14/50 REGISTRAR'S SIGNATURE M. A. Harris

24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

20-9-13-0-27-2-40.6

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SEP 21 1950
BUREAU T. S.

09569

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ADELAIDE	(Last) CARTER	4. DATE OF DEATH	(Month) Sept. (Day) 17 (Year) 1950
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Mar. 1, 1880	9. AGE last birthday 70 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) - Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Albert Koster Robins		14. MOTHER'S MAIDEN NAME Mary Bowen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 212-07-5339 B	17. INFORMANT Mr. A. J. Carter - P.O.Box 16, Oxford Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Carcinoma of STOMACH — 8 mos.

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — YRS.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Sept, 1950, that I last saw the deceased alive on 17 Sept, 1950, and that death occurred at 9 30 A.M. D.S.T., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sheparo Keck Jr	M.D.	Easton, Md.	9/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/20/50	NAME OF CEMETERY OR CREMATORY Woodlawn Cem	LOCATION (City, town, or county) Woodlawn, Md. (State)
DATE REC'D BY LOCAL REG. 9/19/50	REGISTRAR'S SIGNATURE A. W. Hedrick JT	24. FUNERAL DIRECTOR Wm. J. Tickner & Sons	ADDRESS Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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SEP 20 1990
BUREAU V. E

09570

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 2 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Del. — COUNTY: Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cannons
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Lee (Last) Conoway
4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan 3, 1929
9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): due Pont Spinning operator
10b. KIND OF BUSINESS OR INDUSTRY: nylon plant
11. BIRTHPLACE (State or foreign country): Bridgeville, Delaware
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Mr Elmer Conoway Sr.
14. MOTHER'S MAIDEN NAME: Catherine Trivitts
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 222-16-9486
17. INFORMANT: Mrs Catherine Conoway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Basilar fracture of skull, Laceration brain

822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

170c (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-5-50
19b. MAJOR FINDINGS OF OPERATION: same as above
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: hi-way
(CITY OR TOWN): Rt 331 Mr Easton — (COUNTY): Talbot — (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 9-3-50 3A m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Car failed to make turn - turned over

22. I hereby certify that I attended ~~the deceased from~~ PM, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:50 A.M., from the causes and on the date stated above.

SIGNATURE: Louis J Wetty MD. — (Degree or title): DME. — ADDRESS: Easton Md — DATE SIGNED: 9-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/8/50
NAME OF CEMETERY OR CREMATORY: Bridgeville
LOCATION (City, town, or county): Bridgeville — (State): Del.
DATE REC'D BY LOCAL REG.: 9/6/50
REGISTRAR'S SIGNATURE: N. H. Neerus
24. FUNERAL DIRECTOR: Medford L. Watson Jr. — ADDRESS: Seaford Delaware

49606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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09571

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 32 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Cox

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 9-27-50

9. AGE last birthday: yrs. — If under 1 year: Months — Days 1 — If under 24 hrs.: Hours 14 — Min. 9

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Emmett Cox

14. MOTHER'S MAIDEN NAME: Collier Mary Louise Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT: Mr Robert E. Cox

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.5 **Immediate cause** (a) Respiratory Failure - Prematurity — Interval Between Onset and Death: 32 hrs.

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bt wgt - 560 gm.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-27, 1950, to 9-29, 1950, that I last saw the deceased alive on 9-29-50, 1950, and that death occurred at 10:24 A m., from the causes and on the date stated above.

SIGNATURE John E. Baybutt — (Degree or title) MD — ADDRESS 214 Dover St Easton Md — DATE SIGNED 10/2/50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 9-29-50 — NAME OF CEMETERY OR CREMATORY Memorial Hospital — LOCATION (City, town, or county) Easton, Md (State)

DATE REC'D BY LOCAL REG. 9/29/50 — REGISTRAR'S SIGNATURE M.H. Neeves — 24. FUNERAL DIRECTOR — ADDRESS Memorial Hospital, Easton Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural EASTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Talbot COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chapel
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) (Last) GRAVES
4. DATE OF DEATH (Month) Sept (Day) 26 (Year) 1950
5. SEX male
6. COLOR OR RACE colored
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) married
8. DATE OF BIRTH about 1903
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Factory
11. BIRTHPLACE (State or foreign country) Merion, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Mary (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 464-01-4912
17. INFORMANT AND ADDRESS Rethan Graves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981x Immediate cause (a) GSW-chest — INTERVAL BETWEEN ONSET AND DEATH Immed.

166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) homicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) outside Easton (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 9 (Day) 26 (Year) 50 (Hour) 630P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Shot in chest c̄ shotgun

22. I hereby certify that I attended the deceased from PM, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 635p m., from the causes and on the date stated above.

SIGNATURE Louis Mretty M.D. (Degree or title) DME ADDRESS Easton Md DATE SIGNED 9-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/30/50
NAME OF CEMETERY OR CREMATORY Trappe (Scotts)
LOCATION (City, town, or county) Trappe (State) Md
DATE REC'D BY LOCAL REG. 9/30/50
REGISTRAR'S SIGNATURE N.H. Neirus
24. FUNERAL DIRECTOR Leon Henry ADDRESS Easton

86644

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 297

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Viola (Middle) L. (Last) Haddaway

4. DATE OF DEATH (Month) Sept (Day) 28 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH August 14, 1905

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Tilghman Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Robert E. Lednum

14. MOTHER'S MAIDEN NAME Ella Roe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT Brister Haddaway, Tilghman, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) melancholia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

979 x
164 g

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN) Tilghman (COUNTY) Talbot (STATE) Md.

TIME OF INJURY (Month) Sept. (Day) 28 (Year) 1950 (Hour) 11 a.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Saturated with Kerosene and ignited herself

22. I hereby certify that I attended the deceased from Aug, 1949, to Aug, 1950 that I last saw the deceased alive on Sept 26, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gwynn Reese M.D. ADDRESS Tilghman Talbot Md DATE SIGNED 9/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Sept 29, 1950

NAME OF CEMETERY OR CREMATORY Neanth Cemetery

LOCATION (City, town, or county) Neanth (State) Maryland

DATE REC'D BY LOCAL REG. 9/29/50

REGISTRAR'S SIGNATURE G. F. Jackson

24. FUNERAL DIRECTOR Newnam & Harrison, ADDRESS St. Michaels, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. LENGTH OF STAY (in this place) 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Earle	(Middle) S.	(Last) Henningsen	4. DATE OF DEATH	(Month) Sept	(Day) 23	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 4, 1890	9. AGE last birthday 60 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designing Engineer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Oconto, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Mr Christian Henningsen	14. MOTHER'S MAIDEN NAME Josephine Isaacson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I	16. SOCIAL SECURITY No. 074-01-6702	17. INFORMANT Mrs Katherine Henningsen					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) LAENNEC'S CIRRHOSIS	5+ years.
581.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
124a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 9/15, 1950, to 9/23, 1950, that I last saw the deceased alive on 9/23, 1950, and that death occurred at 8 32/P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Shepard Krech Jr	M.D.	Easton	9/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 9/26/50	NAME OF CEMETERY OR CREMATORY Oxford	LOCATION (City, town, or county) Oxford	(State) Md
DATE REC'D BY LOCAL REG. 9/24/50	REGISTRAR'S SIGNATURE N.H. Neeres	24. FUNERAL DIRECTOR Maurice E. Newnam & Son	ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 135. W. HILL ST

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) EMERY (Last) JACKSON
4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1950

5. SEX MALE
6. COLOR OR RACE COL.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 4-10-1907
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORE
10b. KIND OF BUSINESS OR INDUSTRY CANNIG FACTORY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME OSCAR JACKSON
14. MOTHER'S MAIDEN NAME ELLEN STANLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR 2
16. SOCIAL SECURITY No. 216-03-1691
17. INFORMANT AND ADDRESS DORA JACKSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	5 min
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (Found dead in bed)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. complained by gitty spells.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1950, to July 10, 1950, that I last saw the deceased alive on never, 19....., and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Guy M Reese Md. ADDRESS Tilghman Md DATE SIGNED Sept 10 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 9-12-50
NAME OF CEMETERY OR CREMATORY NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE MD.

DATE REC'D BY LOCAL REG. 9-10-50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. Leeds Moore Tilghman Md. ADDRESS

496X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 605 Dover Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market - Rural
STREET ADDRESS (If rural, give location) Thompsontown

3. NAME OF DECEASED (Type or Print): (First) William (Middle) O. (Last) Jackson

4. DATE OF DEATH: (Month) September (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 22, 1881

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Vienna, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Jackson

14. MOTHER'S MAIDEN NAME: Sylvia Dutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Milton T. Jackson, Seaford, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute heart — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
443 (b) Hypertension — 2 Years
795 (c) — 3 "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 6, 1950, to Sept. 12, 1950, that I last saw the deceased alive on Sept. 12, 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Maynard T. Mott, M.D. ADDRESS 633 Dover St. Easton Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 16, 1950
NAME OF CEMETERY OR CREMATORY: Washington Cemetery
LOCATION (City, town, or county) (State): Near Hurlock, Maryland

DATE REC'D BY LOCAL REG. 9/13/50
REGISTRAR'S SIGNATURE: M. T. Reeves

24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. LENGTH OF STAY (in this place) 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) J. (Last) Johnson.

4. DATE OF DEATH: (Month) Sept. (Day) 3 (Year) 1950

5. SEX: Female. 6. COLOR OR RACE: Black. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced 8. DATE OF BIRTH: Oct. 22, 1898 9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Private family
11. BIRTHPLACE (State or foreign country): Md (Dorchester Co)
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Fasare
14. MOTHER'S MAIDEN NAME: Eliza Askew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 220-01-7929
17. INFORMANT: Thomas E Johnson

18. MEDICAL CERTIFICATION
220-01-7929

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy — 12 hrs

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H C V D

131a (c) Nephrosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3/, 19 50 to 9/3/, 19 50 that I last saw the deceased alive on 9/3/, 19 50, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE M Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 9/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/6/50 | NAME OF CEMETERY OR CREMATORY: East New Market | LOCATION (City, town, or county): East New Market (State): Md

DATE REC'D BY LOCAL REG. 9/4/50 | REGISTRAR'S SIGNATURE: M.A. Nevires | 24. FUNERAL DIRECTOR: J.J. Frampton & Son ADDRESS: Federalsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1950
BUREAU V. S

9/10

Evidence for addition in 18 shown on:

FILM No. G 12 NOV 8 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09578

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 26 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) Sept (Day) 11 (Year) 1950

5. SEX: female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 2, 1921

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Elementary School Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Lewis Johnson

14. MOTHER'S MAIDEN NAME: Gertrude Dodey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs Gertrude Johnson Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) H. C. V. D. — Interval between onset and death: ?

13|a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Glomerular Nephritis — ?

(c) Autopsy showed: Nephrosclerosis. (11-8-50 - ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10/50, to 9/11/50 that I last saw the deceased alive on 9/11/50, and that death occurred at 2 33 m., from the causes and on the date stated above.

SIGNATURE: B Cox (Degree or title) M.D. ADDRESS: Easton Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 9/14/50; NAME OF CEMETERY OR CREMATORY Federalsburg Cemetery; LOCATION (City, town, or county) Caroline Co. (State) Md

DATE REC'D BY LOCAL REG. 9/12/50; REGISTRAR'S SIGNATURE N. H. Nevins

24. FUNERAL DIRECTOR: James B. Dashiell ADDRESS: Salisbury, Md.

V3491

RECEIVED
SEP 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09579

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.; LENGTH OF STAY (in this place) 6 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bert	R	Kaler	Sept	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	Feb 6 1880	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Salesman Retired	Farming Poultry	Penn	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mr James L. Kaler	Ann McCloskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	unknown	Mrs Bertha Kaler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure due to arteriosclerotic	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) coronary artery disease	
	(c)	

420.1 9da

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

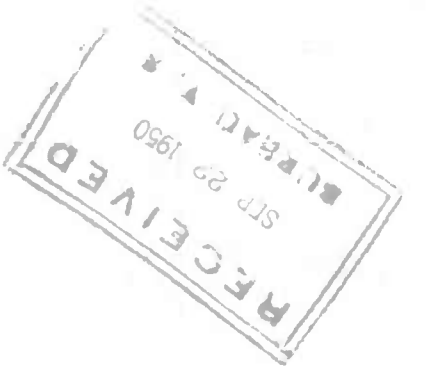
22. I hereby certify that I attended the deceased from Sept, 19 49, to 12 Sept, 19 50, that I last saw the deceased alive on 12 Sept, 19 50, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
James Harrison	M.D.	Easton	Maryland	13 Sept 50

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/15/50	Greensboro	Greensboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/13/50	N.A. Nevins	R.B. Rawlings	Greensboro Md.

27872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SEP 29 1950
BUREAU V. R.

8/28

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09580

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | LENGTH OF STAY (in this place) 7 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Centreville COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Martha	J.	Lemmon	Sept.	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem.	White	married	Aug 26, 1914	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H.W.	None	Md	U.S.A

13. FATHER'S NAME Mr. Ambrose Taylor
14. MOTHER'S MAIDEN NAME Ruby Schall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Robert Lemmon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
446X Immediate cause	(a) Pulmonary Edema	2 days.
Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	5 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐, No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 28, 19 50, to Sept. 4, 19 50, that I last saw the deceased alive on Sept. 4, 19 50, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. V. Palmer	M.D.	Easton, Md	9/5/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/6/50	Greensboro	Greensboro Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/5/50	M. H. Meiris	R. B. Rawlings	Greensboro, Md.

VS. A15

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SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

09581

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 29D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY TALBOT; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS DOVER ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY TALBOT; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON; STREET ADDRESS (If rural, give location) DOVER ST.

3. NAME OF DECEASED (Type or Print): (First) SALLIE (Middle) WATERS (Last) LOOCKERMAN

4. DATE OF DEATH: (Month) SEPT. (Day) 20 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 8-1876

9. AGE last birthday: 74 yrs. If under 1 year: Months 4, Days 12, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWORK

11. BIRTHPLACE (State or foreign country): FAIRMONT, MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK W. LOOCKERMAN

14. MOTHER'S MAIDEN NAME: MARY BALLARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. NESTA WIER, EASTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

163 X Immediate cause (a) Carcinoma of the lung

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19..., to [illegible], 19..., that I last saw the deceased alive on [illegible], 19..., and that death occurred at 6.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. Easton, Md. 20 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: SEPT. 22-'50

NAME OF CEMETERY OR CREMATORY: PARSONS CEMETERY

LOCATION (City, town, or county) (State): SALISBURY, MD.

DATE REC'D BY LOCAL REG. 9/21/50

REGISTRAR'S SIGNATURE: N. H. Nelms

24. FUNERAL DIRECTOR ADDRESS: JOHN D. WILLIAMS, EASTON, MD.

52086

RECEIVED
OCT 1 1950
BUREAU V.

09582

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 294

1. PLACE OF DEATH
COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman
LENGTH OF STAY (in this place): 18 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wittman
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) W. (Last) Lorenzen

4. DATE OF DEATH: (Month) 9 (Day) 29 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May - 1885
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Work
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hamburg - Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT AND ADDRESS: William F. Lorenzen - Wittman - Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	X hrs
420.1 THOR Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1950, to Sept 29, 1950, that I last saw the deceased alive on Sept 29, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD — ADDRESS: T. G. Grimes — DATE SIGNED: MD 10/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/2/50
NAME OF CEMETERY OR CREMATORY: Olivet Cemetery
LOCATION (City, town, or county): St. Michaels (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 1-50
REGISTRAR'S SIGNATURE: G. Wesley Sewell
24. FUNERAL DIRECTOR: Norman D. Marshall — ADDRESS: St. Michaels, Md.

XVX 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
OCT 4 1960
BUREAU F. S

9/26

09583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND Easton, Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 hrs - 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Mr. Wilbert Morris

4. DATE OF DEATH (Month) (Day) (Year) Sept 26 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 5 1898
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Painter
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mr Charles H. Morris
14. MOTHER'S MAIDEN NAME Sadie Pender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Mrs Mary Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Myocardial infarction due to

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic coronary thrombosis 48 hrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Sept, 1950, to 26 Sept, 1950, that I last saw the deceased alive on 26 Sept, 1950, and that death occurred at 5 55/pm m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 27 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/29/50
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Md.

DATE REC'D BY LOCAL REG. 9/27/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR John D Williams ADDRESS

340 V9

RECEIVED
OCT 1 1950
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09584

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) F (Last) O'Day
4. DATE OF DEATH (Month) Sept (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 20, 1877
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Caroline Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr Charles Alford
14. MOTHER'S MAIDEN NAME Irene Connolly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Bro
17. INFORMANT Miss Hazel O Day

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334X	Immediate cause	(a) Cerebral Thrombosis due to	4 days
83b	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) cerebral arteriosclerosis	(?)
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept, 1950, to 20 Sept, 1950, that I last saw the deceased alive on 20 Sept, 1950, and that death occurred at 9 15 a.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Carlton, Maryland DATE SIGNED 20 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/24/50
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REG. 9/21/50
REGISTRAR'S SIGNATURE N. H. Neeres
24. FUNERAL DIRECTOR J J Frampton Son Federalsburg ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU
1990

Dr Wright
Death 09585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 6 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Davis Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 211 Davis Ave.

3. NAME OF DECEASED (Type or Print) (First) Powell (Middle) Rash (Last)

4. DATE OF DEATH (Month) Sept. (Day) 1 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept. 1, 1892
9. AGE last birthday 58 yrs. If under 1 year: Months 0 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Processing
10b. KIND OF BUSINESS OR INDUSTRY Canning Factory
11. BIRTHPLACE (State or foreign country) Queen Anne Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jonathan Rash
14. MOTHER'S MAIDEN NAME Eliza Edge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs. Henry Rash - Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X Immediate cause (a) Carcinoma of head of pancreas — Interval Between Onset and Death: 1 year

46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Aug. 15, 1948
19b. MAJOR FINDINGS OF OPERATION Mass in head of pancreas and obstruction to common bile duct
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 10 1949, to Sept 1, 1950, that I last saw the deceased alive on Sept. 1st, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE James F. Wright (Degree or title) MD ADDRESS Easton, Maryland DATE SIGNED Sept 1, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/4/1950
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REG. 9/2/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton - Md. 496 x 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1950
BUREAU Y. S

9/6

09586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) OWEN (Middle) O. (Last) REESER
4. DATE OF DEATH (Month) Sept (Day) 11 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 8, 1901
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Md Federalsburg
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mr J. Oliver Reeser
14. MOTHER'S MAIDEN NAME Lila Messick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ~~Unknown~~
17. INFORMANT Mr Hobart Wheatley

18. MEDICAL CERTIFICATION

213-22-5454

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x Immediate cause (a) Hypertensive cardiovascular disease (3)

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral hemorrhage 24 hrs.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Sept, 1950, to 11 Sept, 1950 that I last saw the deceased alive on 10 Sept, 1950, and that death occurred at 6:35 p.m., from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 13 Sept 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept. 14, 1950
NAME OF CEMETERY OR CREMATORY Bloomery Cem.
LOCATION (City, town, or county) (State) near Federalsburg, Md.

DATE REC'D BY LOCAL REG. 9/12/50
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR Adams & Williams - Federalsburg, Md. ADDRESS

98809

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1950
BUREAU V. S

8/7

MARYLAND STATE DEPARTMENT OF HEALTH

09587

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton, Md.
LENGTH OF STAY (In this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oxford Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) SHAW
4. DATE OF DEATH: (Month) Sept (Day) 4 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6/2/17
9. AGE last birthday: 33 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HW
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Md (Dorcy)
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Seidel
14. MOTHER'S MAIDEN NAME: Ella Behme

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ella Owens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 weeks
415 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic Cardio Vascular Disease	20 years
93c	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE: John R. Smith, Jr. (Degree or title): M.D. ADDRESS: 214 E. Dover Street Easton Md. DATE SIGNED: 9-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/8/50
NAME OF CEMETERY OR CREMATORY: Parkwood
LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG.: 9/5/50
REGISTRAR'S SIGNATURE: N. H. Nevins
24. FUNERAL DIRECTOR: John J. Connolly. ADDRESS: Essex Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 14 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09588

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Elizabeth (Last) Slaughter

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1950

5. SEX: F. | 6. COLOR OR RACE: Co. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Feb 20 1888 | 9. AGE last birthday: 62 yrs. If under 1 year: Months 5 Days 21 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper | 11. BIRTHPLACE (State or foreign country): Talbot County, Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nicholas Causden | 14. MOTHER'S MAIDEN NAME: Anna A Gannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS: Mr James Slaughter Easton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — Interval Between Onset and Death: Few Months

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H C V D — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 48, to 9/1/50, 19 50, that I last saw the deceased alive on 9-1-, 19 50, and that death occurred at 5-p m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M D ADDRESS Easton Md DATE SIGNED 9/15/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Sept 16 1950 | NAME OF CEMETERY OR CREMATORY Spring Hill | LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 9/15/50 | REGISTRAR'S SIGNATURE M.A. Nelms | 24. FUNERAL DIRECTOR Wm E Lank | ADDRESS Easton Md

RECEIVED
SEP 21 1950

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09589

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton — LENGTH OF STAY (in this place) 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton R D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Virginia (Last) Tabutton

4. DATE OF DEATH (Month) Sept. (Day) 4 (Year) 1950

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Mch 30, 1883 — 9. AGE last birthday 67 yrs. — If under 1 year: Months 5, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant — 10b. KIND OF BUSINESS OR INDUSTRY Ladies Wear — 11. BIRTHPLACE (State or foreign country) Talbot County — 12. CITIZEN OF WHAT COUNTRY N. P.

13. FATHER'S NAME Robert Slaughter — 14. MOTHER'S MAIDEN NAME Mary B. Haddaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) — 16. SOCIAL SECURITY No. None — 17. INFORMANT AND ADDRESS Dennis Tabutton, Easton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexy — 6 months

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) H C V D — ?

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19....., to 9/4/, 1950, that I last saw the deceased alive on 9/4/, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

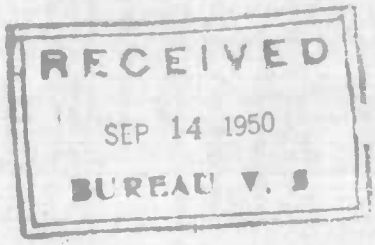
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Cox, M.D. Easton Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Sept. 6 50 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 9/5/50 — REGISTRAR'S SIGNATURE N. H. Nelson — 24. FUNERAL DIRECTOR Ellis Clark — ADDRESS

15606


RECEIVED
SEP 14 1950
BUREAU V. S

Evidence for change of birth date shown on:

FILM No. G 128 OCT 19 1950

09590

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Ann MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Queen Ann
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Queen Ann
STREET ADDRESS (If rural, give location) P. O. Hillsboro Md

3. NAME OF DECEASED (Type or Print) (First) Ray (Middle) — (Last) Whitby
4. DATE OF DEATH (Month) Sept. (Day) 24 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1896 Jan. 12, 1950
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing house Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland 1896
12. CITIZEN OF WHAT COUNTRY? N.D.A.
13. FATHER'S NAME Noah Whitby
14. MOTHER'S MAIDEN NAME Ellie Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Rachel Tribbitt, Greensboro, R.I.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Internal hemorrhage — sudden

976X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shotgun wound

164C

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental derangement

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Cannery ground (CITY OR TOWN) Queen Anne (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) Sept. (Day) 24 (Year) 1950 (Hour) 3 P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Kurt Ledner (Degree or title) M.D. ADDRESS Queen Anne Md DATE SIGNED Sept. 25, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE THEREOF Sept. 27th 50
NAME OF CEMETERY OR CREMATORY Greenmount Cemet
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 9/25/50
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR J. Virgil Moore & Son ADDRESS Denton Md.

496X1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 31 1960
BUREAU OF